Future of Cancer Health Economics
-Equity Angles

Kosali Simon
2018: Blacks died of cancer at a rate that is 12.2% higher than Whites

Black-White Cancer Mortality Gap varies a lot across states

Highest in Washington DC
Lowest in Rhode Island

Author created from sources on next slide. Age adjusted. Underlying cause of death is malignant neoplasms (ICD
Source: Kaiser Family Foundation
https://www.kff.org/other/state-indicator/cancer-death-rate-by-raceethnicity/?activeTab=map&currentTimeframe=0&selecte

Notes: (1) NSD for Maine, North Dakota, South Dakota, N/A for Idaho, Montana, New Hampshire, Vermont, Wyoming

Age-adjusted rates per 100,000 U.S. standard population. Since death rates are affected by the population composition of a given area, age-adjusted death rates should be used for comparisons between areas because they control for differences in population composition.

Underlying cause of death is malignant neoplasms (ICD-10 codes: C00-C97). Excludes other: Native American, Alaska Native, Pacific Islander, and Asian. All categories of race include people of Hispanic origin.

Race and Hispanic origin are reported separately on the death certificates.

Sources


Definitions
*NSD*: Not Sufficient Data. Data are unavailable for confidentiality reasons or due to insufficient reporting.
*N/A*: Data not available due to suppression constraints. For more information, please refer to sources.
Prostate Cancer
Recent Trends in SEER Age-Adjusted Incidence Rates, 2000-2017
Male By Race/Ethnicity, All Ages, All Stages, Delay-adjusted Rates

Legend (Race/Ethnicity)
- American Indian / Alaska Native (includes Hispanic)
- Asian / Pacific Islander (includes Hispanic)
- Black (includes Hispanic)
- Hispanic (any race)
- White (includes Hispanic)
Research Agenda 1:
Examine where trend disparities exist,
Relate to advances in medical treatments
Examine which populations appear to have missed out on progress for non-genetic reasons.
Multi-disciplinary challenge

Research Agenda 2:
How policy has affected disparities
Research Agenda 3: COVID-19, Cancer and Disparities

Viewpoint
August 13, 2020

Disparities in Cancer Outcomes Due to COVID-19—A Tale of 2 Cities

Oyinlola D. Balogun, MD1,2; Vivian J. Bea, MD, MBBS2,3; Erica Phillips, MD, MS4

Did Progress Stall?

The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study

Camille Maringe PhD,*, Prof James Spicer PhD,*, Melanie Morris PhD,*, Prof Annie Punchitham MD,*, Prof Ellen Noble PhD,*, Prof Richard Sullivan PhD,*, Prof Bernard Rachet PhD,*, Ajay Aggarwal PhD,*,†,‡,§

Are We Harming Cancer Patients by Delaying Their Cancer Surgery During the COVID-19 Pandemic?

Kiran K. Turaga, MD, MPH* and Saket Girotra, MD, MPH†
Methods and Data: Challenges and Opportunities

Challenges

• “close to experimental” design hard to achieve (Medicaid expansion, other policies that matter)

• Especially when medical-SES linked datasets few, small samples for disparities (eg Medical Expenditure Panel Survey) or race/ethnicity not well recorded

Opportunities

• New data sources (electronic health records) improving in data quality & accessibility